

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)			Date of This Filing 05/05/2010	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 880212	Report No. 163104-02			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/12/2010	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/03/2010	StopProp15.com Sacramento, CA 95814 ID# 1325411	CALIFORNIA FAIR ELECTIONS ACT(15) Statewide	\$9,900.00	

Reason for Amendment: